

OFFICE OF THE SECRETARY OF STATE
BEV CLARNO
SECRETARY OF STATE

JEFF MORGAN
INTERIM DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 66-2020

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED
12/21/2020 3:17 PM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Comprehensive Primary Care Plus Demonstration Alternative Payment Methodology For FFS OHP Clients

EFFECTIVE DATE: 01/01/2021 THROUGH 06/18/2021

AGENCY APPROVED DATE: 12/21/2020

CONTACT: Brean Arnold
503-569-0328
HSD.Rules@dhsosha.state.or.us

500 Summer St NE
Salem, OR 97301

Filed By:
Brean Arnold
Rules Coordinator

NEED FOR THE RULE(S):

The Division needs to amend this rule to update the timeline and process for paying Comprehensive Primary Care Plus demonstration (CPC+) practices via an alternative payment model (APM) for FFS OHP clients. Practices participating in CPC+ are either in Track 1 or Track 2 depending on the breadth and depth of services offered. Only Track 2 practices participate in the APM which is intended to allow practices flexibility to deliver comprehensive care outside of the constraints of billable office visits. The APM is a lump sum payment based upon a percentage of expected revenue calculated from annual reimbursements for FFS OHP members in the third and second year prior (e.g., For CY2021 annual reimbursements will be based on the average of CY2018 and CY2019). FFS payments shall be reconciled or adjusted down by the same percentage of the APM payment (e.g., 10 percent lump sum payment for one year causes FFS payments issued throughout the same year to be reduced by 10 percent).

JUSTIFICATION OF TEMPORARY FILING:

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and recipients of Medicaid benefits. These rules need to be adopted promptly so that the Authority may implement the alternative payment model for Track 2 CPC+ practices as agreed to in the MOU between the Authority and CMS signed by the Authority on August 31, 2016.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

“Memorandum of Understanding Between The Centers for Medicare & Medicaid Services and Oregon Health Authority in Oregon in Relation to the Comprehensive Primary Care Plus Model”, available from the Authority upon request.

AMEND: 410-149-0150

RULE TITLE: CPC+ Alternative Payment Methodology

RULE SUMMARY: This rule describes how and when the CPC+ Alternative Payment Methodology (APM) for Track 2 practices will be implemented. In CY2021 eligible practices will be paid a quarterly prospective lump sum payment

based upon a percentage of expected revenue calculated from annual reimbursements for FFS OHP clients in CY2018 and CY2019. The Authority will reconcile Medicaid APM dollars based upon actual CY2021 utilization.

RULE TEXT:

(1) The APM for Track 2 practices is a lump sum payment based upon a percentage of expected revenue calculated from annual reimbursements for FFS Medicaid members in the third and second year prior (e.g., For CY2021 annual reimbursements will be based on the average of CY2018 and CY2019). FFS payments shall be reconciled or adjusted down by the same percentage of the APM payment (e.g., 10 percent lump sum payment for one year causes FFS payments issued throughout the same year to be reduced by 10 percent):

(a) This structure is intended to allow Track 2 practices flexibility to deliver comprehensive care outside of the constraints of billable office visits;

(b) Track 1 practices are not eligible for the APM;

(c) Track 2 practices shall receive lump sum APM payments based on expected revenue for FFS Medicaid beneficiaries beginning in 2021;

(d) The Authority will apply the ratio of lump sum APM payments and FFS claims payments that the Track 2 practice selected with CMS for the CPC+ initiative, each demonstration year.

(2) Beginning in Year 5, CY2021, eligible practices shall receive the ratio selected from CMS of expected FFS payments from the Authority for FFS Medicaid beneficiaries as an upfront lump sum, based on the average of claims paid in CY2018 and CY2019.

(3) Practices participating in Track 2 shall continue to bill Oregon Medicaid FFS or CCOs through existing Authority protocols.

(4) The Authority will reconcile Medicaid APM dollars based upon actual CY2021 utilization.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 413.042, 413.259, 414.065